

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/589011 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2			1				52						
3	2		1				53						
4	3		1				54						
5	0		1				55						
6	0		1				56						
7	0		1				57						
8	0		1				58						
9	0		1				59						
10	0		1				60						
11	0		1				61						
12	0		1				62						
13	0		1				63						
14	0		1				64						
15	0		1				65						
16	0		1				66						
17	0		1				67						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1										
TOTAL DEP.	17	←	15	←									
TOTAL CLAIMS	18		16										